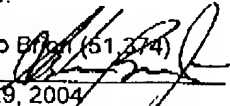


File No. 42221-0008

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this paper (comprising 3 pages) is being facsimile transmitted to the United States Patent and Trademarks Office on the date shown below.

Name: Arturo Brion (51,374)
Signature: 
Date: June 29, 2004
Fax No. sent to: 703-872-8306
Fax No. sent from: 613-230-8755

RECEIVED
CENTRAL FAX CENTER

JUN 29 2004

OFFICIAL

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor:	Johnson et al	Our File No.:	42221-0008
US Serial No.:	10/743,784	Filing Date:	12/24/2003
Group Art Unit:	2122	Examiner:	unknown
Title:	SECURE METHOD AND SYSTEM FOR BIOMETRIC VERIFICATION		

**REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY
AND CHANGE OF CORRESPONDENCE ADDRESS**

Commissioner for Patents
United States Patent and Trademark Office
P.O. Box 1450
Alexandria, VA 22313-1450
U.S.A.

Sir:

We enclose herewith the following form relating to the above-noted application:

- Two "Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address Form" (PTO/SB/82)

The forms have been executed by the inventors, Harold Johnson and Alec Main.

Respectfully submitted,

June 29, 2004

By: 
Arturo A. Brion, Reg. No. 51,374

CASSAN MACLEAN
80 Aberdeen Street, Suite 401
Ottawa, Ontario, Canada, K1S5R5
Tel: (613) 238-6404

BEST AVAILABLE COPY

JUN 29 2004

PTO/SB/82 (09-03)

Approved for use through 11/30/2005, OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/743,784
Filing Date	12/24/2003
First Named Inventor	Harold J. Johnson
Art Unit	
Examiner Name	
Attorney Docket Number	42221-0008

OFFICIAL

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 41018

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

41018

OR

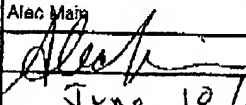
<input checked="" type="checkbox"/> Firm or Individual Name	Cassan Maclean				
Address	Suite 401				
Address	80 Aberdeen Street				
City	Ottawa	State	Ontario	Zip	K1S 5R5
Country	Canada				
Telephone	613-230-6404	Fax	613-230-8755		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Alec Main		
Signature			
Date	June 10/04	Telephone	613-271-9446 x230

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.35. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9188 and select option 2.

BEST AVAILABLE COPY